

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/690151

FILING DATE

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1											
1							51					
2							52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL ID.	3						TOTAL IND.					
TOTAL EP.	19						TOTAL DEP.					
TOTAL CLAIMS	22						TOTAL CLAIMS					